



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

March 27, 2009

GENERAL LETTER NO. 17-D(3)-3

ISSUED BY: Bureau of Child Welfare Services,
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter D(3), **ADDITIONAL CASE
MANAGEMENT INFORMATION**, Contents (page 1) revised; and:
Topic 1: Family-Centered Services Eligibility, page 4, revised;
Topic 2: Supervision Services, page 1, revised;
Topic 5: Family Team Meeting Facilitation Services, page 1, revised;
Topic 6: Family Safety, Risk, and Permanency Services, pages
1 through 9, revised, page 10, new;
Topic 7: Procurement Card Program, page 1 revised

Summary

This chapter is revised to reflect:

- ◆ Limited menu and full menu options of services no longer exist.
- ◆ Supervision services are no longer purchased, but the Department case manager may provide supervision services as long as the family's needs are met without the purchase of family safety, risk, and permanency services.
- ◆ Topics 3 and 4 are removed because parental counseling and education services and community resource procurement services are no longer offered.
- ◆ Family team meeting facilitation services are no longer billed under A75X codes.
- ◆ The description of family safety, risk, and permanency services is updated to reflect effective amendments to the contract.
- ◆ The DHS procurement card program purchasing card is no longer a MasterCard card but a VISA charge card.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 17, Chapter D(3), and destroy them:

<u>Page</u>	<u>Date</u>
Topic 1: 4, 5	August 24, 2007
Topic 2: 1, 2	June 29, 2007
Topic 3: 1	June 29, 2007
Topic 4: 1	June 29, 2007
Topic 5: 1	August 24, 2007
Topic 6: 1-9	August 24, 2007
Topic 7: 1	June 29, 2007

Additional Information

Refer questions about this general letter to your area social work administrator.

[Topic 1: Family-Centered Services Eligibility](#)

[Topic 2: Supervision Services](#)

Topic 3: Reserved

Topic 4: Reserved

[Topic 5: Family Team Meeting Facilitation Services](#)

[Topic 6: Family Safety, Risk, and Permanency Services](#)

[Topic 7: Procurement Care Program](#)

[Topic 8: IV-A Income Limits](#)

- ◆ The child has been placed in an adoptive placement, the child has adjusted well to the placement, the adoption is awaiting finalization; and the adoptive family can access services and supports to meet their needs through their own efforts, without provision of any purchased services.
- ◆ The child and family's needs for monitoring, services, and supports can be met directly by the assigned Department worker.

Supportive Components

Supportive components (drug testing, family team meeting facilitation, legal services, and service area-specific services) may be provided when:

- ◆ The Department has initiated a child protective assessment in response to receipt of a report of child maltreatment concerning the child or another child within the same family, or
- ◆ The Department has assumed care and supervision of a child placed in out-of-home care, or
- ◆ The Department has opened a child welfare service case on the child or family following a child abuse assessment or juvenile court action, or
- ◆ A child in need of assistance petition has been filed on behalf of the child and the court has set a date for the prehearing conference or adjudication hearing.

Topic 2: Supervision Services

Link to [Procedure](#)

Supervision services are activities undertaken to provide the structured monitoring needed by a child or family member without the purchase of family-centered services.

Supervision activities may include, but are not limited to:

- ◆ Guidance for the family to facilitate improvement in adjustment.
- ◆ Inspection and monitoring of the home environment of a child's parent or other relative to evaluate its safety and suitability.
- ◆ Oversight of family participation in services and adjustment within the community.
- ◆ Behavior monitoring for children, if necessary to ensure their positive community adjustment.

Supervision services may also be appropriate to provide oversight and monitoring of visits between children and their parents when no other services are being provided during the visits. When children have been placed outside of the family home, it is important to provide parent-child visits early and often to promote reunification whenever possible.

Topic 5: Family Team Meeting Facilitation Services

Link to [Procedure](#)

Family team meeting facilitation services include activities undertaken to conduct a family team meeting. Persons delivering this service must be approved by the Department as family team facilitators. (See [Comm. 283, Family Team Decision-Making Evaluation Handbook](#), for approval procedures.)

The family team meeting facilitator must perform the following activities in service delivery:

- ◆ Respond to a Department referral to facilitate a meeting.
- ◆ Work with the family and others to identify meeting attendees and help prepare them for the meeting.
- ◆ Arrange the location for the meeting.
- ◆ Send the meeting invitations.
- ◆ Conduct and facilitate the family team meeting.
- ◆ Record key issues, discussion topics, and decisions reached during the meeting.
- ◆ Prepare post-meeting notes using form 470-4126, *Family Team Meeting Facilitation Notes*, and submit them electronically to the Department worker within seven calendar days of the meeting, for use in developing the case plan.

In each specific case, the Department case manager is responsible for:

- ◆ Deciding at which points in the case a family team meeting is needed and
- ◆ Selecting the DHS-approved facilitator to use for any meetings scheduled.

Make these decisions in accordance with the service area's family team meeting protocol.

If a family safety, risk, and permanency services contractor is involved with the case, the contractor's assigned care coordinator and other assigned staff are required to attend all family team meetings held on the case.

Topic 6: Family Safety, Risk, and Permanency Services

Link to [Procedure](#)

Family safety, risk, and permanency services are targeted to children and families on whom the Department has, following a child protective or CINA assessment or juvenile court action, opened a child welfare case. Regardless of the setting in which a family's children may be placed, these services are expected to provide a flexible array of culturally sensitive interventions and supports to achieve safety and permanency for children.

Services are expected to be flexible and strength-based, family-focused, designed to connect families to informal supports and community resources, bolster family protective capacities, and maintain and strengthen family connections to their neighborhoods and communities.

Family safety, risk, and permanency services are the primary family-centered service intervention purchased by the Department. This service will be purchased for a wide variety of children and families to either:

- ◆ Preserve the family and safely maintain children within their family home; or
- ◆ Safely reunify children who have been removed from their homes; or
- ◆ Achieve alternative permanent family connections for children who cannot return home, such as through making and maintaining an adoptive or guardianship placement.

For family safety, risk, and permanency services, a "case" is defined as:

- ◆ A child, or children, who are victims of abuse and meet the Department's criteria for opening ongoing child welfare services; and
- ◆ A child or children who are subject to a court order based on child in need of assistance (CINA) proceedings; and
- ◆ Any whole, half, or step siblings of the above children who reside in the same household at the time of the Department service referral or move into the household during the service period; and

- ◆ Any children who are in placement under the care and supervision of the Department; and
- ◆ The parents, stepparents, adoptive parents, or caretakers (such as relatives or significant others of the parents, of the above children).

NOTE: Not all family members involved in a child's services need to be living in the same residence.

Family safety, risk, and permanency services are purchased and provided through a monthly package of services and supports designed to promote safety and permanency for children. Contractors for these services will receive a case monthly payment rate. The contractor is required to focus on the entire family unit in the service delivery.

Assignment to Contractor

The Department has entered into contracts with contractors within the Ames, Council Bluffs, Davenport, Dubuque, Sioux City, and Waterloo service areas and within each of the two subareas in the Cedar Rapids and Des Moines service areas. Contractors were selected through a competitive bidding process.

Within each contract area, a Case Referral Assignment Tracking System will assign new case referrals to the two contractors on a 50/50, every-other-case referral basis. The system is designed to ensure that each contractor is at equal risk of receiving complex, difficult cases. This system has the following features:

- ◆ The case referral assignment process is used for both safety plan services and for family safety, risk, and permanency services referrals.
- ◆ If a contractor is assigned a case for safety plan services and that case later needs family safety, risk, and permanency services, the same contractor will maintain the case for those services.
- ◆ The system allows for case-specific assignment overrides to provide service continuity for cases in which a case previously received services from one of the contractors or its subcontractor, and either the family or Department worker believes it would be beneficial for services to be delivered by that contractor or subcontractor.
- ◆ If an override assigns a case outside of the alternating assignment order, the Case Referral Assignment Tracking System will recognize this change and equalize future referrals.

Contract Expectations

Service expectations for family safety, risk, and permanency services:

- ◆ Contractors are expected to attend all family team meetings held on the case while it is open for family safety, risk, and permanency services.
- ◆ Contractors are expected to attend court hearings on the case when requested by either the court or Department worker.
- ◆ Contractors must assign a “care coordinator” to each case they serve. This person will be responsible for coordination of and delivering all the services and supports provided by the contractor to the family. This person will be responsible for preparing and submitting all required reports on the case to the Department worker.
- ◆ Contractor staff will be responsible for identifying and addressing any safety concerns on cases and immediately reporting these concerns to the Department worker. They will also promptly notify the Department worker of any children or adults entering or exiting the household while the case is open.
- ◆ On an ongoing basis, contractor staff must assess the educational, physical, and mental health strengths and needs of all children in the case and, in consultation with the Department worker, refer children for necessary additional evaluation or services.
- ◆ Contractors must coordinate their services with the services and supports the family is receiving from other sources, including the Medicaid remedial services program (RSP).
- ◆ Contractors must implement plans to connect families to community resources and informal support systems, in order to reduce their reliance on formal services.

Family Contact

The frequency of contact with the child and family will be determined by the court, the department worker, and the family team meetings, based on the needs and complexity of the case. The contractor must maintain and document the level of contact as specified in the family case plan.

Following are the Department’s minimum case contact expectations for service contractors:

1. On new case referrals, the contractor must:

- ◆ Make face-to-face contact within five business days of the Department referral with:
 - The parents,
 - Any caretaking adults in the home, and
 - Any children residing in the home or in foster family care, kinship care, or shelter care placement who were identified by the Department worker at referral as abuse victims or subjects of a court order based on CINA proceedings
- ◆ Participate in a face-to-face initial joint meeting with the family and the Department worker, if available.
- ◆ See children placed in PMIC, Toledo, or group care within the first 30 calendar days.
- ◆ Make face-to-face contact with parents that do not reside in the home at the frequency identified in the family case plan.

The effective date on Form 470-3055, *Referral and Authorization for Child Welfare Services*, is considered the date of referral and the date the case is opened for service payment.

NOTE: While face-to-face contacts should generally occur in the family home, not all contacts must occur in the home. Contacts may also occur in alternative settings based on the needs and circumstances of the individual case.

2. During the first 30 days of service delivery, the contractor must have face-to-face contact, **at a minimum**:

- ◆ With the family: every calendar week for the next three calendar weeks following the date of the initial face-to-face contact.
- ◆ With all other children in the case that live in Iowa, but not in the parental home: once. This includes children in foster family care, kinship care, and shelter care placements.
- ◆ With parents that do not reside in the home: at the frequency identified in the family case plan.

This 30-day period begins with the effective date of the initial form 470-3055 making the Department referral.

When a child is placed outside of Iowa, the DHS worker should coordinate through the Interstate Compact administrator to ensure that contact and services are provided to the child.

NOTE: While face-to-face contacts should generally occur in the family home, not all contacts must occur in the home. Contacts may also occur in alternative settings based on the needs and circumstances of the individual case.

3. After the first 30 days of service delivery, the contractor must, at a minimum, have face-to-face contact:
 - ◆ Every calendar month with the family and with all children in the case that reside in Iowa.
 - ◆ At the frequency identified in the case plan with parents that do not reside in the home

When a child is placed outside of Iowa, the DHS worker should coordinate through Interstate Compact administrator to ensure that contact and services are provided to the identified child out of state.

NOTE: While face-to-face contacts should generally occur in the family home, not all contacts must occur in the home. Contacts may also occur in alternative settings based on the needs and circumstances of the individual case.

Documentation and Reporting

Contractors are responsible for preparing and submitting the following reports to the Department worker:

1. E-mail to the Department worker confirming that the first face-to-face meeting with the family has taken place and the date of this meeting.
2. Case progress reports sent in electronic or written form at monthly intervals throughout the entire service delivery period. The contractor shall also provide a copy to the parents, unless parental rights have been terminated.

Due dates for case progress reports are calculated beginning with the effective date of the initial form 470-3055, *Referral and Authorization for Child Welfare Services*.

Case progress reports shall be prepared and submitted to the Department worker in the Department-prescribed format. At a minimum, the case progress report shall include:

- ◆ The names of the organizations and subcontractors providing services to the case;
- ◆ The author and date of the report and the due date for the next report;
- ◆ The dates of the face-to-face contacts with the family and children in the case during the reporting period, and a statement of whether service contact requirements were met during the period;
- ◆ A description of the service interventions and supports provided during the reporting period, including information on the frequency of these interventions and supports;
- ◆ A description of any crises occurring during the period and the crisis intervention responses provided;
- ◆ Information on contractor attendance at any family team meetings on the case during the reporting period;
- ◆ Information on any court hearings held on the case during the reporting period;
- ◆ Information on case progress and safety or permanency issues identified during the reporting period, including any child protective or CINA assessments or changes in placement initiated;
- ◆ A description of ongoing family functional assessment activities conducted during the reporting period including the following:
 - Sources of information used to conduct family functional assessment activities;
 - Strategies used to assess the children and family;
 - Any newly discovered family safety or risk factors or permanency issues identified in the case;
 - Any newly identified family strengths, concerns, and protective capacities;
 - Any revisions to recommendations concerning interventions, supports, and community service referrals that may be beneficial in the case.

- ◆ Any planned changes in the contractor's intervention plan for the next 30 days, including any planned referrals to community services or resources.
3. Other reports. Upon Department worker request, the contractor shall be responsible for preparing and providing other reports, such as a progress letter for a court hearing, to the Department worker.
 4. Case termination summary. Within 14 calendar days of service termination, contractors shall send the Department worker a written case termination summary, in the required Department format. The case termination summary shall include:
 - ◆ A description of the impact of services on family functioning and a short overview of case progress during services, and
 - ◆ A short description of current child and family functioning and case status, and
 - ◆ A short description of the family and community supports that have been developed and will serve as resources to the family after formal services end.

Service Activities

The contractor expected to have flexibility on which specific interventions are delivered in each unique case at the different points in the life of the case. The types of interventions provided will be:

- ◆ Based on Department and contractor assessment of children and family needs;
- ◆ Directed by the results of family team meetings in which family perspectives on their concerns and service needs are included; and
- ◆ Sufficient to address the safety, permanency, and risk issues in each case.

At a minimum, contractors for these services shall be required to have the capacity to provide the following activities when the needs and circumstances of a case, as determined by individual case situations, the results of family team meetings on the case, and the Department family case plan, require them:

1. Family functional assessment, meaning activities designed to evaluate the strengths and needs of a child and the child's family related to safety, permanency, and well-being. These activities are intended to assess, at specific points in time:

- ◆ Child and family strengths and needs,
- ◆ Protective capacities, and
- ◆ The general functioning of the child and family within the family functioning domains used by the Department.

Based on the information gathered through ongoing family functional assessment, services and supports will be planned and implemented to improve the functioning of the child and family.

2. Planning and supervision of visits between parents and children and between siblings. These activities include:

- ◆ Scheduling and planning for visits,
- ◆ Providing transportation assistance for visits,
- ◆ Providing or arranging for any necessary supervision for visits,
- ◆ Providing instruction on family interaction and parenting during visits if needed, and
- ◆ Providing reports on visit interactions and progress.

Services may also include arranging and supporting visits with prospective adoptive parents or prospective guardians.

3. Crisis intervention responses. Contractors are responsible for being available 24 hours per day, 7 days a week, for contact by families when they are experiencing a crisis threatening the safety and permanency of the children.

Contractors must have an after-hours contact system that is able to respond within two hours. The response may be by telephone, but the contractor has to be capable of making face-to-face crisis contact if necessary.

- | 4. Family functioning interventions include service activities that improve and enhance a family's and child's functioning skills and protective capacities. These interventions can include, but are not limited to, the following:
- ◆ Communication and social interaction functioning designed to promote more effective communication skills and provide instruction on effective anger management techniques.
 - ◆ Family relationship enhancement, including activities designed to improve family relationships and strengthen parent and child relationship.
 - ◆ Parenting education and behavior management instruction, including activities and instruction for one or more family members on how to promote positive child development and safely manage the behaviors of children.
 - ◆ Support for parental involvement in substance abuse, domestic violence, or mental health treatment.
 - ◆ Parent-to-parent coaching and mentoring programs including programs that use trained parent mentors to engage and instruct other parents.
 - ◆ Consumer education instruction, including activities and instruction with family members on how to become more aware of consumer education issues and skills that will improve family stability and adjustment.
 - ◆ Advocacy training including activities and instruction with one or more family members on how to advocate for and access services and supports from other systems such as mental health, substance abuse, the educational system, public and private benefit programs, etc.
 - ◆ Adolescent transitional services, meaning activities designed to work with adolescents, and other family members to help connect youth to available resources to prepare for and support their transition to adulthood. This intervention is especially important in cases where the primary goal is supporting a child's successful preparation for and transition to adulthood from the child's current living situation.
5. Family reunification services and activities, including supporting and planning for the transition of children back into their homes, schools, and communities and providing post-reunification monitoring and support.

6. Concurrent and permanency planning activities including activities that help the Department worker identify and achieve alternative permanent family connections for children who cannot be reunited. This can include helping identify potential relative placement options and also helping locate, achieve, and support adoptive or guardianship placements for children.
7. Safety checks and supervision activities meaning that the contractor will make face-to-face visits in the family's home to inspect the home environment and assess the safety of the children in the case.
8. Household management assistance and instruction, including provision of direct help with household tasks and instruction on household management and safety skills.
9. Transportation assistance, through direct provision of transportation or funding to support or provide transportation, to allow the family to access essential services and supports identified in the case plan and to attend parent, child, or sibling visits.
10. Activities or provision of funding to help the children and family secure necessary concrete supports, such as emergency food, household supplies, diapers, etc. that are essential to safety and permanency for the children.
11. Individualized case-specific services tailored to the unique circumstances of the case. For example, a case could require individualized funding for short-term respite care provided by a relative.

Other Related Services

With supervisory approval, children and families who are receiving family safety, risk, and permanency services may also be approved for the following Department-funded child welfare services, if needed:

- ◆ Drug testing
- ◆ Family team meeting facilitation
- ◆ Legal services for achieving permanency
- ◆ Protective child care assistance
- ◆ Foster family care maintenance payments
- ◆ Shelter care payments
- ◆ Group foster care maintenance and service payments

Topic 7: Procurement Card Program

Link to [Procedure](#)

The Department of Administrative Services, General Services Enterprise, administers the State of Iowa Purchasing Card Program. Under the program, a State of Iowa Purchasing Card is issued to a state employee for state purchases. The purchasing card is a corporate VISA charge card that offers a convenient, flexible alternative to the standard purchasing processes.

The child welfare procurement card program allows designated Department of Human Services staff within participating service areas to receive a State of Iowa Purchasing Card that can be used to purchase tangible goods and supports approved for children and families in the child welfare system. Examples of allowable purchases under the DHS procurement card program include:

- ◆ Groceries
- ◆ Clothing
- ◆ Furniture or appliances (beds, dressers, washer, dryer, refrigerator, stove, etc.)
- ◆ Medical supplies (medication, bandages, ointments, lice treatment remedies, etc.)
- ◆ Telephone service, if necessary to help the family comply with service expectations
- ◆ Utility payments to maintain heat, electrical, and water connections (not deposits)
- ◆ Household goods and supplies (diapers, cleaning supplies, soap, shampoo, cleaning products, mops, door and lock supplies, insecticides, mousetraps, trash cans)
- ◆ Child welfare transportation support (bus tickets, car parts for client vehicles so they can provide transportation, cab fees, purchase of gas for clients to allow them to maintain visits and appointments and complete case plan tasks)
- ◆ Child-focused support, enrichment supplies, and activities (books, recreational and hobby supplies, camp fees, school activity fees or supplies, etc.)

State of Iowa Purchasing Cards cannot be used for purchasing activities classified as services. For example, they cannot be used for:

- ◆ Attorney fees
- ◆ Car repair services
- ◆ Home contractor services
- ◆ Medical services, such as doctor bills, drug testing procedures, or therapy services